

## GUIDE TO OPEN AIR VENDOR LICENSES

Pursuant to Section 8-103 of the Somerville Code of Ordinances, a license must be obtained before conducting any open air vending activities in the City. Licensure is valid from the date of the license through December 31 of the same year only. The fee is \$100.00.

To complete the application:

1. Fill in all information requested. Sign the Acknowledgement, and sign the Release and Indemnity Agreement in the presence of a witness who should also sign. Fill in and sign the REAP Attestation. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit – General Business (instructions for this form are attached at the end of this packet).
2. Attach a list of the names and addresses of all employees who will be working under this license.
3. Attach written consent of the owner(s) and ground floor tenant(s) of the premises on which or in front of which the business will be located.
4. Proceed to each Department for which a sign-off is required, as follows:

Sealer of Weights and Measures: Monday–Friday, 3:00–4:00 PM  
1 Franey Road (adjacent to Trum Field, located on Broadway)  
617 625-6600 x5900 (Fax 617 666-2752)

Board of Health: Monday–Friday, 8:00–9:00 AM, 3:00–4:00 PM  
50 Evergreen Avenue  
617 625-6600 x4300 (Fax 617 629-3040)

Fire Prevention Bureau: Monday–Friday, 8:00–10:00 AM, 3:00–5:00 PM  
255 Somerville Avenue (behind the Public Safety Building)  
617 625-6600 x8400 (Fax 617 666-4597)

5. Review all Conditions and sign the Acceptance of Conditions.
6. Obtain and attach a City and County Licenses and Permits Bond in the amount of \$5,000, or a Certificate of Insurance designating the City of Somerville as an Additional Insured on your business liability insurance.
7. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:  
Treasury Monday–Wednesday, 8:30 AM – 4:00 PM  
93 Highland Avenue (City Hall) Thursday, 8:30 AM – 7:00 PM  
617 625-6600 x3500 Friday, 8:30 AM – 12:00 PM
8. Submit the application and the fee to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. The City Clerk will forward it to the Board of Aldermen for consideration. The Board usually meets on the 2<sup>nd</sup> and 4<sup>th</sup> Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

## APPLICATION FOR AN OPEN AIR VENDOR LICENSE

Application Fee \$100.00

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

**To the Honorable, the Board of Aldermen of the City of Somerville, Massachusetts:**

The undersigned respectfully prays that he/she may be granted permission to operate as an Open Air Vendor. This permission will only be valid in Somerville, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Board of Aldermen and/or City Departments, including, but not limited to, those conditions appearing below.

Name of applicant \_\_\_\_\_

Street address of applicant \_\_\_\_\_

City, State, Zip of applicant \_\_\_\_\_

Telephone of applicant \_\_\_\_\_

Name of business \_\_\_\_\_

Address of business \_\_\_\_\_

Telephone of business \_\_\_\_\_

Detailed description of the wares to be sold \_\_\_\_\_

Expected dates and hours of operation \_\_\_\_\_

Location of operation \_\_\_\_\_

Attach a list of the names and addresses of all employees who will be working under this license. Have you or any employees who will be working under this license been cited by the Somerville Police for illegally vending in the City during the past year? \_\_\_\_\_

Attach written consent of the owner(s) and ground floor tenant(s) of the premises on which or in front of which the business will be located.

### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading will result in the forfeiture of this license, and that I will be required to wait one year before submitting a new application, and that I may be subject to criminal prosecution pursuant to MGL c101. I also understand that

any violation of the City's rules and regulations pertaining to Open Air Vendors could subject me to arrest, fine, and/or loss of this license.

Signature of Applicant\_\_\_\_\_ Date\_\_\_\_\_

### **RELEASE AND INDEMNITY AGREEMENT**

I, the undersigned Applicant, hereby agree to release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the undersigned's conduct under this license as described herein.

Signature of Applicant\_\_\_\_\_ Date\_\_\_\_\_

Witness\_\_\_\_\_ Print Name\_\_\_\_\_

### **DEPARTMENTAL APPROVALS**

#### **SEALER OF WEIGHTS AND MEASURES** (Required for ALL Open Air Vendors.)

I have inspected this open air vending business and any weighing and measuring devices that will be used by this vendor, and have found that they are satisfactory.

License #\_\_\_\_\_ Date\_\_\_\_\_

Conditions\_\_\_\_\_

Signature\_\_\_\_\_ Print Name\_\_\_\_\_

#### **BOARD OF HEALTH** (Required only for the sale of foods.)

I have inspected the equipment to be used by this Open Air Vendor and have found that it conforms to all laws set by the State and City with regard to health codes.

License #\_\_\_\_\_ Date\_\_\_\_\_

Conditions\_\_\_\_\_

Signature\_\_\_\_\_ Print Name\_\_\_\_\_

#### **FIRE PREVENTION BUREAU** (Required only for the use of propane or other flammables.)

I have inspected the equipment to be used by this Open Air Vendor and have found that it conforms to all laws set by the State and City with regard to fire codes.

License #\_\_\_\_\_ Date\_\_\_\_\_

Conditions\_\_\_\_\_

Signature\_\_\_\_\_ Print Name\_\_\_\_\_

## OTHER CONDITIONS

1. A \$5,000 City and County Licenses and Permits Bond or a current Certificate of Insurance listing the City of Somerville as an Additional Insured on the business liability insurance in a form satisfactory to the City shall be provided before the City Clerk will issue the license.
2. The Applicant shall submit an updated list of the names and addresses of all employees who will be working under this license to the City Clerk, whenever new employees are hired.
3. Operation in the following streets and areas is prohibited:

Alewife Brook Parkway	Fellsway West	School Street
Belmont Park and adjacent street	Highland Avenue	Summer Street
Cedar Street	McGrath Highway (300 feet on each side)	Somerville Avenue (McGrath Highway to Wilson Square)
Central Street	Mall Road	Somerville Hospital area
College Avenue	Medford Street	Temple Street
Curtis Avenue	Mystic Avenue	Union Square area (from a vehicle or other conveyance)
Dane Street	Park Street	
Davis Square area (from a vehicle or other conveyance)	Powder House Park area	
	Prospect Hill Park area	
4. The Applicant shall not sell or offer for sale any goods, wares, or merchandise between the hours of 9:00 PM and 8:00 AM.
5. The Applicant shall set out a trash receptacle for the use of customers while engaged in the business of selling his or her wares. Said receptacle, and all papers, containers, garbage or other litter from his or her wares shall be removed by the Applicant when he or she is no longer engaged in sales.
6. If the Applicant is an organization engaged in charitable work or a post of any incorporated veterans organization, no person under 16 years of age shall act as an agent of the Applicant.
7. Other conditions:\_\_\_\_\_

## ACCEPTANCE OF CONDITIONS

I hereby state that I will adhere to all of the conditions listed above, including all of the conditions set forth by the City Departments in the approvals provided above.

Signature of Applicant\_\_\_\_\_ Date\_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE**

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

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\* Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

***WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.***

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: \_\_\_\_\_
2. Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_

**ORIGINAL STAMP:**

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Please PRINT legibly

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

state: \_\_\_\_\_

zip: \_\_\_\_\_

phone #: \_\_\_\_\_

work site location (full address): \_\_\_\_\_

☐ I am a sole proprietor and have  
no one working in any capacity.

**Business Type:**

☐ Retail

☐ Restaurant/Bar/Eating Establishment

☐ Office

☐ Sales (including Real Estate, Autos etc.)

☐ I am an employer with \_\_\_\_\_ employees (full & part time).

☐ Other

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_

policy #: \_\_\_\_\_

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_

policy #: \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_

policy #: \_\_\_\_\_

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone #: \_\_\_\_\_